

Name  
in  
Full

May Jane Graves

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

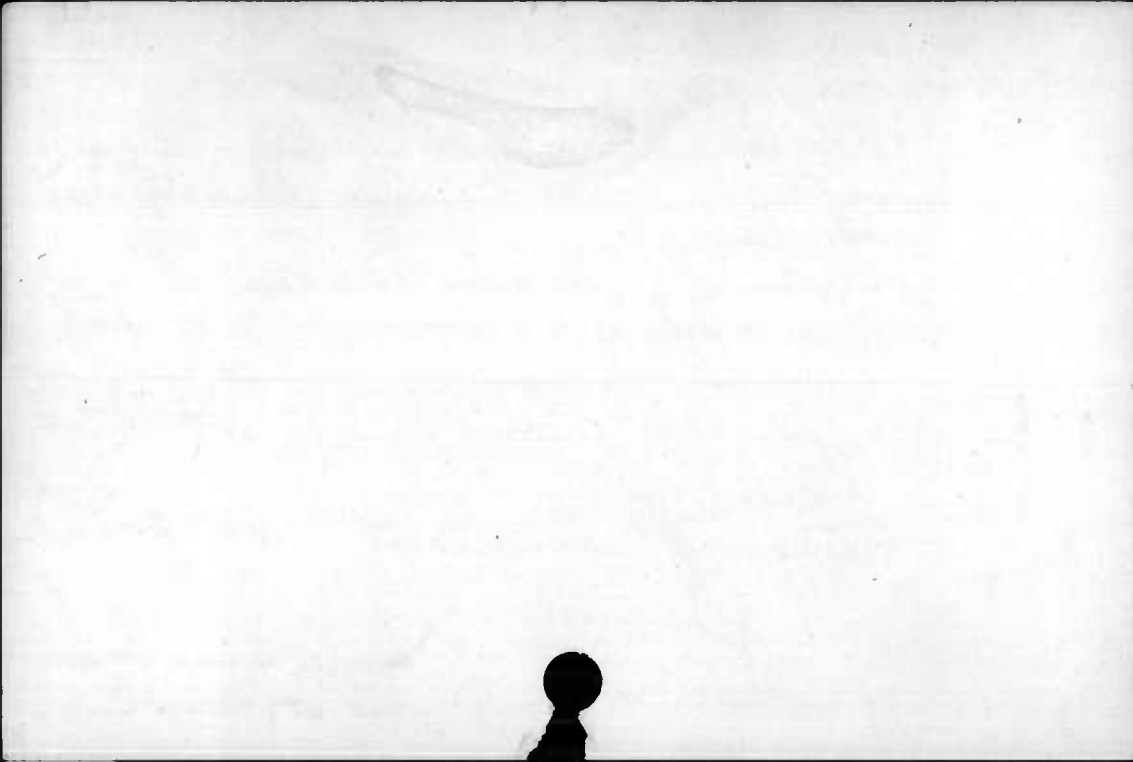
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	14	70		no	no
Sex	Female			Color or Race	White		Birth-place
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Stephen Graves				Father's Birthplace			
James Thompson				und			
Mother's Maiden Name				Mother's Birthplace			
Charlotte Cusick				und			
Name of person giving information				How related to deceased			
Stephen Graves				Husband			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Chronic diarrhoea	How long	2 yrs.
Immediate	Cerebral apoplexy	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. H. V. Palmer	
		Address	
Accident or Suicide?			



Name  
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Lizzie Tilton

## CERTIFICATE OF DEATH

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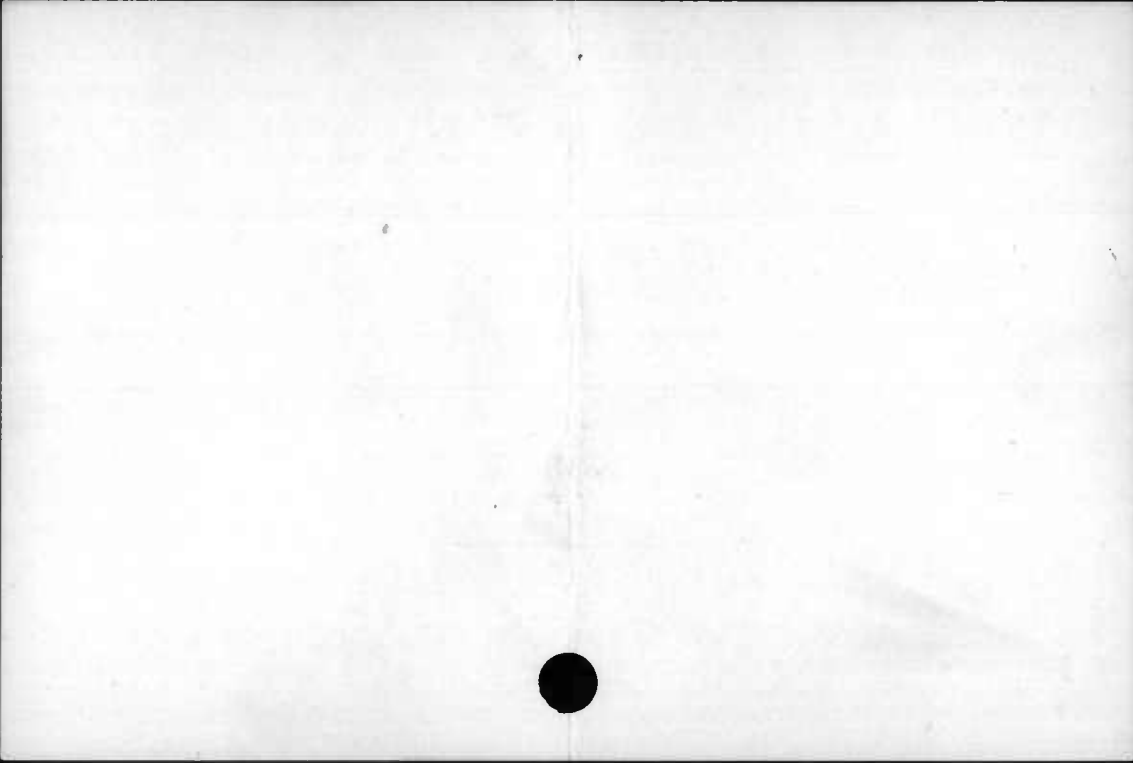
Died at		St. George's Island		St. Mary's		Maryland	
Date of death		1908	Month	March	Day	1st	Age
						Years	27
						Months	
						Days	
Sex		Female		Color or Race		Colored	
Occupation		Housekeeper		Birth-place		St. Mary's Comd.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Esson Tilton	
Father's Name		Arthur Diggins		Father's Birthplace		North Carolina	
Mother's Maiden Name		Sarah Gordon		Mother's Birthplace		St. Mary's Comd.	
Name of person giving information		James Clarke		How related to deceased		Not related	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	About 2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		T. Horkey Lynch, M.D.	
Address		Talley Lee, St. Mary's Comd.	
Accident or Suicide?			



Name  
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Maria Wilson

CERTIFICATE OF DEATH

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NEAREST FRIEND

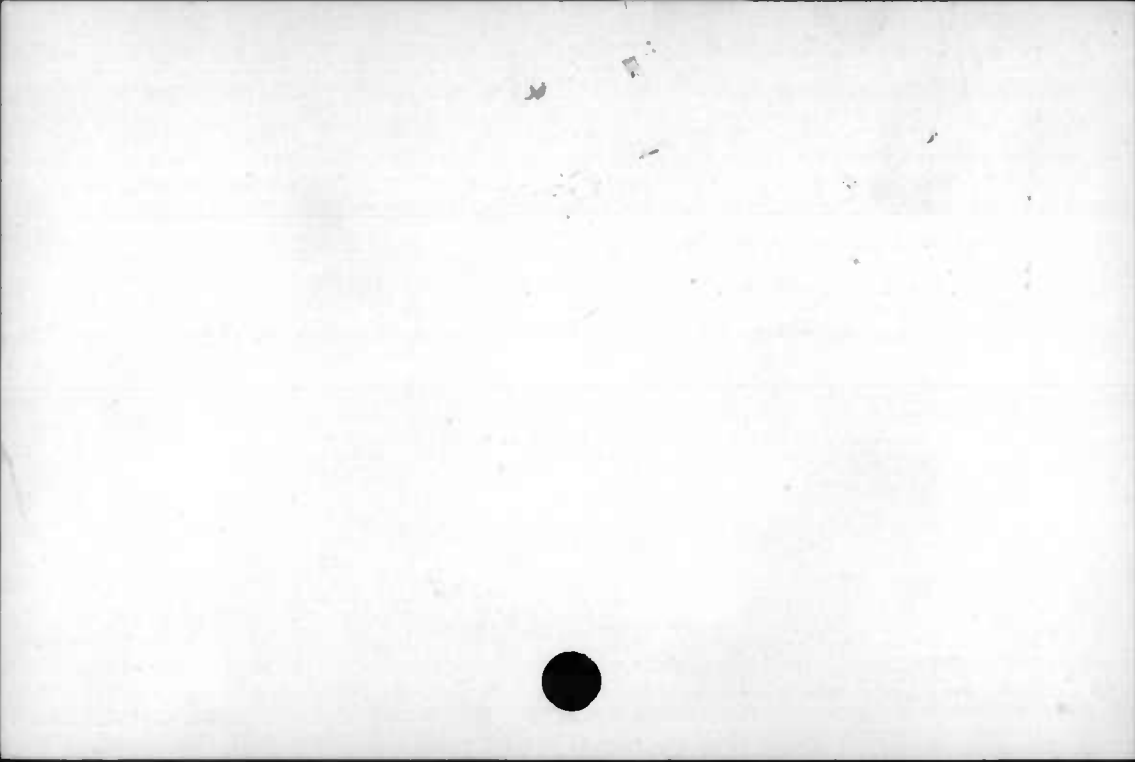
Died at <u>Blakistons</u> <sup>Town</sup>		<u>St. Marys</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>14</u>	Age <u>92</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>ind</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Blakistons</u>		
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Anthony</u>			
Father's Name <u>Camille Long</u>		Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace <u>ind</u>			
Name of person giving information <u>Harry Carter</u>		How related to deceased <u>Grandson</u>			

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Cerebral apoplexy</u>	How long <u>6 days</u>
Immediate <u>unknown</u>	How long
Are the sex, color, date given above? <u>yes</u>	Signature of Physician <u>W. V. Palmer</u>
	Address
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Potomac River</i>		Town <i>St. Marys</i>		County	
Date of death <i>1908</i>		Month <i>unknown</i>	Day <i>unknown</i>	Age <i>unknown</i>	Years <i>unknown</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>	
Occupation <i>Boatman</i>		Where Residing if not at place of death <i>unknown</i>			
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>family</i>		How related to deceased			

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <i>unknown</i>	How long <i>unknown</i>
Immediate <i>Occurring</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roll V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>Accident</i>	<i>und</i>

